

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10899**

Registration District No. **254**

Primary Registration District No. **52416**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Franklin**
 (b) City or town **Rural-Prairie**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) **2**
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
 (c) City or town **Lonedell -Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME

Edwin W. Napier 160

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Clara Napier**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 19, 1866**

(Month) (Day) (Year)

8. AGE:

Years **73**

Months **6**

Days **7**

If less than one day

hr. _____ min.

9. Birthplace **Lonedell**

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **David Napier**

13. Birthplace **Kentucky**

(City, town, or county)

(State or foreign country)

14. Maiden name **Nancy Wade**

15. Birthplace **Tennessee**

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature **A. R. Napier**

(b) Address **Lonedell, Mo.**

17. (a) **Burial** (b) Date thereof **March 28, 1940**

(Burial, cremation, or removal) **Oak Grove** (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director _____

(b) Address **St. Clair, Mo.**

19. (a) **April 9, 1940** (b) **Th. H. Duckworth**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25**
 year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **3/20**

19**40**, to **3/24**, 19**40**
 that I last saw him alive on **3/24**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial infarction ?

Due to _____

Due to _____

Other conditions **Hypertension** ?
 (Include pregnancy within 6 months of death)

Major findings:

Of operations **L**

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. B. Duckworth** (M. D. or other) _____

Address **St. Clair Mo** Date signed **3/24/40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. M. Perot*
Licensed Embalmer No. *3691*
P. O. Address *St. Paul, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.